**Supporting Information: Table 3.** Measures to address increased need for colonoscopy\*, Survey of Endoscopic Capacity – 2012

|  |  |
| --- | --- |
| **Measure** | **Percentage of Facilities† (SE‡)** |
| Increase proportion of work day allotted to procedures | 59.3% (1.3) |
| Modify block scheduling | 56.9% (1.3) |
| Use patient navigators or reminder calls to decrease “no shows” or cancellations | 37.3% (1.2) |
| Increase physician staff | 55.3% (1.3) |
| Increase/hire non-physician endoscopists to do procedures | 5.4% (0.6) |
| Increase nursing staff to assist with procedures | 68.1% (1.2) |
| Increase ancillary staff to help with room turnover | 51.6% (1.3) |
| Increase staff or physicians to help monitor sedation/anesthesia | 41.2% (1.3) |
| Establish a larger screening unit/more procedure rooms | 36.5% (1.2) |
| Establish additional preparatory and/or recovery areas | 39.9% (1.3) |
| Purchase or lease more equipment | 52.0% (1.3) |
| Other | 4.5% (0.5) |
| Not applicable, not planning to perform more procedures | 8.6% (0.7) |

\*In response to the question “If the demand for colonoscopies were to exceed this practice site’s current capacity to perform colonoscopies, what steps would this practice site take to meet that increased demand?” Respondents could select all options that applied.

†Facilities included hospitals, ambulatory surgery centers, and physician offices where colonoscopies were performed for the purpose of colorectal cancer screening of adults.

‡SE=Standard error.